CITY OF NORMAN SUPPLEMENTAL QUESTIONNAIRE MAINTENANCE WORKER I

(Utilities/Water Line Maintenance Division)

Name:		Date:	
		hone Number:	
ed ap	This questionnaire is a supplement to your application and volucation, training, and experience as it relates to the Main pplied. FILL OUT THE QUESTIONNAIRE COMPLETELY OUR APPLICATION/RESUME!	tenance Worker I position for which you	
1.	. Do you have a valid Oklahoma Driver's License ar No Do you have a valid Oklahoma CommerciaNo		
2.	Do you have a Class D Distribution/Collection T Oklahoma Department of Environmental Quality? Do you have a Class D Water Operator certification f of Environmental Quality? Yes No	YesNo	
3.	. One of the minimum qualifications for this position is where applicant may be reached. Do you meet this quese explain.		
4.	Please list what kind of hand and/or power tools you hat the second seco	ave operated.	
5.	. What experience, training, certifications, and/or special this position? (Please refer to the employment application.)		
6.	List any other information, including personal str determining your qualifications for this position.	engths, that you feel will aid us in	